PUBLIC EMPLOYEES RETIREMENT SYSTEM-NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

ENROLLMENT APPLICATION

(Read the accompanying instructions carefully before completing this application.)

For Division Use Only: LOCATION NO.:				MEMBERSHIP NO.:		
PART I: (Please Print or Type)						
1. NAME:			()	
Last	First (no nickna	ames) Middle	`	Maiden Na	ame	
2. ADDRESS			7a.	FORMER MEMBER OF SYS	STEM: Yes No	
	Street			ENTER ANY OTHER NAMED DURING PREVIOUS MEMBER	(S) USED	
City	State	Zip Code	-			
3. SOCIAL SECURITY NO.:	4	. SEX: M F	8a.	ENTER THE NAME OF ANY SYSTEM IN WHICH YOU A MEMBER IN THIS		
5. DATE OF BIRTH:/	/					
	Date Yr.					
6. VETERAN STATUS: (Attach Co	opy of Discharge or Fo	rm DD214)				
a. Date of Induction://_	b. Date of Discharge	e:/				
Mo. Date	Yr.	Mo. Date Yr.	b.	ARE YOU RECEIVING BENEFIT SYSTEM AT THIS TIME YE		
a retroactive basis requ	o receive a quotation iiring additional dedu- rovisional) in your pos	to purchase all tempections, you may do solution and have beer	orary so so by ch	ervice immediately precedir necking the correct box belowed oved in that position for 12 co	ng your appointment, or ow.	
Complete Part II of this	application by check	ting the appropriate	box.			
				RETIREMENT SYSTEM WI		
immediately pred	s of my regular or perma	. I understand that this	is on a	quest a cost quotation to purch retroactive basis and requires and do not wish to purcha	s additional deductions.	
ately preceding r	pon completion of 12 cmy enrollment on a retr	consecutive months and coactive basis requiring	d reque: g additio	st a cost quotation to purchas		
PART III: RECORD OF PUBLIC previous public employr mation regarding purcha	ment are eligible to b	e purchased for add	itional	credit in the retirement syst		
		DATES		MO./ANNUAL SALARY	LENGTH OF SERVICE	
Name of Employing Agency	Payroll Title		To Dav Yr.	Base Salary* Maintenance	Yrs. Mos. Days	

^{*}Base Salary Only (Do not include bonus, overtime, etc.)

PART IV: DESIGNATION OF BENEFICIARY—It is important to name BOTH primary and contingent beneficiaries for benefits payable if death occurs prior to retirement while a member of the retirement system. Such benefits may include: (1) group life insurance; and (2) the accumulated deductions credited to your account in the retirement system.

Read the accompanying instructions carefully before completing your designation of beneficiary. It is important to note that your group life insurance coverage is not effective until your date of enrollment in the system.

GROUP LIFE INSURANCE AND RETURN OF ACCUMULATED DEDUCTIONS

List your primary and contingent beneficiaries in the space provided. Use full given names and list all females by their given names. See additional instructions.

PRIMARY BENEFICIARY (no nicknames) FULL NAME OF BENEFICIARY	RELATIONSHIP	ADDRESS	BIRTHDATE
CONTINGENT BENEFICIARY (no nicknames) FULL NAME OF BENEFICIARY	RELATIONSHIP	ADDRESS	BIRTHDATE
NOTE: If you wish to name multiple beneficiaries to Sum" settlement. If a different method of pa and the proper forms will be mailed.			
SIGNATURE OF APPLICANT(Signature must	st appear same as in Part I)	DATE	
PART V: CERTIFICATION OF EMPLOYING A	GENCY (To be complete	ted by your employer)	
1a. Name of Employer: b. County:		b. Regular or Permanent Appointment Date:	Mo. Date Yr.
2a. Location No b. Burea c. Payroll No	au No	7a. Current Base Annual Sala	ary Only \$ (no hourly or per diem ra
3. Payroll Title of Applicant:		b. Ten Twelve Month	Employee
4. Is Applicant employed by more than one public ☐ Yes ☐ No	employer:	8. I have reviewed this applica	ation and it is correct.
 Is this individual still considered a temporary (p ☐ Yes ☐ No 	rovisional) employee:		
6a. Date employment began: Mo. D	Pate Yr.		
	_	Signature of Certifying Officer (no stam	ped signatures) Date